

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	1		1				51					
2		1		1			52					
3		5		2			53					
4		2		2			54					
5		2		2			55					
6		2		2			56					
7		2		2			57					
8		2		2			58					
9		2		2			59					
10		2		2			60					
11							61					
12							62					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	16		16				TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS	17		17				TOTAL CLAIMS					